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CONFIRMATION NO. 4995

SERIAL NUMBER 10/031,161	FILING DATE 05/20/2002 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. PAA-101-A
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APPLICANTS
Nikolai Grigorievich Lyapko, Residence Not Provided;

**** CONTINUING DATA *******
THIS APPLICATION IS A 371 OF PCT/UA00/00022 07/13/2000

**** FOREIGN APPLICATIONS *******
UKRAINE 99074081 07/15/1999

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
Irving M Weiner
Weiner & Burt
PO Box 186
Harrisville ,MI 48740

TITLE
Applicator for use in reflexotherapy

FILING FEE RECEIVED 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICANTS Nikolai Grigorievich Lyapko, Residence Not Provided; ** CONTINUING DATA ***** This application is a 371 of PCT/UA00/00022 07/13/2000 ** FOREIGN APPLICATIONS ***** UKRAINE 99074081 07/15/1999 <div style="text-align: right;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
ADDRESS Irving M Weiner Weiner & Burt PO Box 186 Harrisville ,MI 48740					
TITLE A DEVICE FOR REFLEXOTHERAPY					
FILING FEE RECEIVED 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		